

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007463

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 43

FILED FEB 21 1962

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rolla</b>				Length of stay in 1b <b>2 Hrs</b>		c. CITY OR TOWN <b>Newburg</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Phelps Co., Memorial Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>Route 2</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FLOYD</b> Middle <b>WAYNE</b> Last <b>MUNDAY</b>				4. DATE OF DEATH Month <b>February</b> Day <b>15</b> Year <b>1962</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-22-1921</b>		9. AGE (last birthday) <b>40</b>	
						IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Military</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Army</b>		11. BIRTHPLACE (City and state or country) <b>Eagle Rock, Mo.,</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Samuel Munday</b>				13b. MOTHER'S MAIDEN NAME <b>xx</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2 &amp; Korean</b>				16. SOCIAL SECURITY NO. <b>xx</b>		17. INFORMANT <b>Personal Papers.</b>			
18. CAUSE OF DEATH (Enter only one cause per line if more than one. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <b>Self inflicted gun shot wound (left side) of head</b> DUE TO (b) <b>Massive brain hemorrhage.</b> DUE TO (c) <b>Shock</b> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH <b>Approx. 2 1/2 hours</b>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY <b>2:30 p.m.</b>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Cassville, Missouri.</b>	
21. I attended the deceased from <b>2-15-62</b> to <b>2-15-62</b> and last saw him alive on <b>2-15-62</b> Death occurred at <b>4:40PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <b>P. P. Bulick, D.O.</b>		22b. ADDRESS <b>St. James, Mo.</b>		22c. DATE SIGNED <b>2-16-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2-15-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cassville Cemetery</b>		23d. LOCATION (City, town, or county) <b>Cassville, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Null &amp; Son Funeral Home..Rolla</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 16, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>					

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_ Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.